



D-1182 R2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Shepley, et al.

Serial No.: 10/721,114

Confirm. No.: 6189

Filed: November 25, 2003

For: Cash Dispensing Automated
Banking Machine Diagnostic
Device

Fee Only

Art Unit 2876

Patent Examiner

Daniel A. Hess

Mail Stop Amendment
Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

Sir:

In Response to the Office Action dated November 2, 2004 kindly amend the above
Application, without prejudice, as follows:

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number 10/7211/4			
CLAIMS AS FILED - PART I									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	*	X \$ _____ =		X \$ _____ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	*	X \$ _____ =		X \$ _____ =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+	\$ _____ =	+	\$ _____ =		
				TOTAL		TOTAL			
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>									
CLAIMS AS AMENDED - PART II									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	53	20	33	X \$ 25 =		X \$ 50 =	1650		
Independent (37 CFR 1.16(b))	8	3	5	X \$ 100 =		X \$ 200 =	1000.00		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$ 180 =	+	\$ 360 =		
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	2650		
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	**	=	X \$ _____ =		X \$ _____ =			
Independent (37 CFR 1.16(b))	*	***	=	X \$ _____ =		X \$ _____ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$ _____ =	+	\$ _____ =		
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	**	=	X \$ _____ =		X \$ _____ =			
Independent (37 CFR 1.16(b))	*	***	=	X \$ _____ =		X \$ _____ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$ _____ =	+	\$ _____ =		
				TOTAL ADD'L FEE		TOTAL ADD'L FEE			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.